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CREDITON RURAL DISTRICT COUNCIL

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Report of the

MEDICAL OFFICER OF HEALTH

for the Year ending

31st. December, 1950.

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To the Crediton Rural District Council.

Mr. Chairman, Sir,

I beg to submit my Annual Report as Medical Officer of Health for the year 1950.

As you know, the area for which yours is the local authority comprises some 93,370 acres. The population of the area is estimated to have declined in some measure since the Census of 1931 when it was 10,081. It is now thought to be about 9,800. On the other hand the number of inhabited houses has increased from 2,975 (the 1947 figure) to 3,090. The rateable value has also increased slightly from £28,426 in 1947 to £29,380 and over the same period the product of a penny rate has risen from £120 to £124.

The area is entirely agricultural but supports certain industries closely linked to agriculture. Thus, there is a milk factory in the area, a knacker's yard, an animal by-products factory and a fruit pulping factory.

During the year under review, 51 male and 41 female births were notified, a total of 92 which represents a rate of approximately 9.5 per 1,000 of the estimated population. The total deaths recorded during the year were 128, of which 71 occured in males and 57 in females, giving a rate per 1,000 of the estimated population of approximately 10.3; slightly higher than the birth rate. Three infants died under one year of age, two of which were males and one female. One death, a male, from tuberculosis was recorded. There were no deaths from puerperal sepsis or other causes associated with child birth and no deaths from scarlet fever, diphtheria, the enteric group, erysipelas or poliomyelitis.

Notification of infectious or other diseases, notifiable, were as follows:

Scarlet Fever, 1; Puerperal Pyrexia,2; Poliomyelitis, 2; Measles, 23; Whooping Cough, 26.

No fresh case of tuberculosis was notified during the year.

In 1950, 14 Council houses were built and 26 were under construction; 8 private enterprise houses were built and another 8 were under construction.

Two conversions were completed and 3 more were in progress.

Routine inspection and supervision of food has yielded

To the Gwedion Rural District Council.

Mr. Chairman, Sir,

I beg to submit my Annual Report as Medical Officer of Health for the year 1950.

As you know, the area for which you is the local authority comprises some 93,570 acres. The population of the area is estimated to have declined in some measure since the Census of 1931 when it was 10,024. It is now thought to be about 9,970. In the same time the number of inhabited houses has increased from 2,975 (the 1927 figure) to 3,390. The rateable value has also increased slightly from £40,484 in 1947 to £52,322 and over the same period the amount of a penny rate has risen from £193 to £216.

The area is entirely agricultural but supports certain industries closely linked to agriculture. Thus, there is a milk factory in the area, a lumber's yard, an animal by-products factory and a fruit packing factory.

During the year under review, 81 male and 61 female births were notified, a total of 142 which represents a rate of approximately 14.5 per 1,000 of the estimated population. The total deaths recorded during the year were 120, of which 73 occurred in males and 47 in females, giving a rate per 1,000 of the estimated population of approximately 12: slightly higher than the birth rate. Three infants died under one year of age, two of which were males and one female. One death, a male, from tuberculosis was recorded. There were no deaths from puerperal sepsis or other causes associated with child birth and no deaths from measles, whooping cough, the enteric group, erysipelas or poliomyelitis.

Notification of infectious or other diseases notifiable were as follows:

Scarlet fever, 1; Puerperal Pyrexia, 2; Poliomyelitis, 2; Measles, 58; Whooping Cough, 24.

No fresh case of tuberculosis was notified during the year.

In 1950, 14 Council houses were built and 24 were under construction. 8 private enterprise houses were built and another 6 were under construction.

Two conversions were completed and 3 more were in progress.

Routine inspection and supervision of food has yielded

satisfactory results. Open to comment, however, have been the methods of delivery to the shops of meat. This has sometimes been observed to be lying uncovered on the floor of Ministry vans with the men climbing in and out amongst it. Whilst it may be arguable that the risk of spreading infection by this means is slight (since the meat is subsequently rendered sterile by cooking), nevertheless so casual a technique of delivery from what should be an irreproachable source cannot be held to set a good example.

Refuse collection continues to be carried out satisfactorily by contract, though some householders have expressed a wish that collections could be made at more frequent intervals.

The impact of the National Health Service Act, coupled with the rapid increase of medical techniques of investigation and treatment, and the perhaps natural anxiety of the public to make full use of these, has thrown a tremendous burden here as elsewhere in the country on the hospitals and clinic services, a burden which they are striving valiantly to shoulder. So vast an increase of work with no proportionate increase of hospital accommodation has led inevitably to long waiting lists and delayed admission to hospitals for all but the most urgent cases. It is hard for the general practitioner even if he thinks them unnecessary to deny second opinions and special investigations to patients who demand this measure of reassurence, but one is tempted to wonder what proportion of all these elaborate, expensive and time-consuming examinations is really necessary. Similarily, the mounting cost of the ambulance service has given rise to alarm, and patients who come under the category of "walking wounded" might be encouraged to make more use of public or private transport where these are available and within their means, for visits to hospitals or clinics.

I have asked your chief Sanitary Inspector, Mr. S.M. Perriam, C.R.S.I.,M.S.I.A., to append a note on the sanitary circumstances in the area with special reference to water supplies and drainage.

I have the honour to be, Sir,

Your obedient Servant,

L.N. JACKSON, B.A.,D.M.,B.Ch.(Oxon)

Medical Officer of Health Crediton Rural Area.

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Similarly, the mounting cost of the ambulance service has given rise to alarm, and patients who come under the category of "walking wounded" might be encouraged to make use of public or private transport where these are available and within their means, for visits to hospitals or clinics.

I have noted your chief Sanitary Inspector, Mr. E.A. Ferriman, C.R.S.I., M.A.P.H.I., to deputed a duty on the sanitary circumstances in the area with special reference to water supplies and drainage.

I have the honour to be, Sir,

Your obedient Servant,

M.S. ANDERSON, B.A., M.B., B.Ch.(Oxon)

Medical Officer of Health Cheddar Rural Area.

Mr. Chairman, Ladies and Gentlemen,

At the request of your Medical Officer of Health, Dr. L.N. Jackson, I have pleasure in presenting a summary of the sanitary circumstances in the area.

HOUSING:

The provision of new houses and the repair of existing dwellings continues to be a major problem. During the year 14 Council Houses were completed and 8 houses were built by private enterprise. Two additional dwellings were made available by the conversion of existing buildings.

These figures are not so good as last years, when 21 Council Houses and 13 private enterprise dwellings were completed; 5 new dwellings were also provided by conversions.

A larger number of houses are now under construction and it is hoped that the Council Houses completed next year will once more show an increase.

The repair of existing dwellings and other property is not being carried out at a pace that will overcome the accumulated disrepair of the war and immediate post-war years. The reasons are perfectly clear, the two major ones being (1) The high cost of building work coupled with the low rents received by property owners. (2) The shortages of materials and the difficulty in obtaining the necessary permits before such work is allowed to proceed.

In spite of these difficulties the housing conditions are kept under review, and requests are made for essential repairs to be carried out. I find that more can be achieved by a personal visit, to the owner, by myself or a member of my staff, than by the service of Statutory Notices.

BUILDING LICENSING:

Only 1 Licence for the erection of a new dwelling was allotted to the Council for the year. This, for a district of 29 parishes, needs no comment.

The "ceiling" for Licences for repair and maintenance work was also low. It has been necessary on occasions to ask, as Sanitary Inspector, for essential work to be executed, and, then upon the owner agreeing to do the work, to inform him that he must wait until an allocation is received for the next period, before a Licence can be issued.

BUILDING BYELAWS:
TOWN & COUNTRY PLANNING ACT:

The number of plans and applications submitted during the

year was 117, of these, 111 were approved, some after amendments had been made to comply with requirements.

Inspections and tests during the construction of new dwellings were made as necessary.

WATER SUPPLY:

The summer of 1950 had a heavy rainfall and this eased the usual general water shortage in the District as far as the shallow wells, for single or small groups of houses, was concerned. Deeper wells, and other sources supplying larger groups of houses, failed, as they have done each previous summer, and the North Devon Water Board transported water, during the year, to the extent of some 800,000 gallons, to the villages of Cheriton Bishop, Cheriton Fitzpaine, Coldridge, Down St. Mary, Lapford, Morchard Bishop, Poughill, and Wembworthy.

The Board are carrying out works to augment the supplies at Cheriton Fitzpaine, Lapford and Morchard Bishop, and when complete these will obviate the transport of water to these places in future years.

Great praise is due to the Board for the good progress they are making with their main scheme from Dartmoor, especially in view of the many difficulties encountered. The completion of this scheme is the only solution to the water shortage problem in this District.

DRAINAGE:

New Sewers and Disposal Works are required in several of the larger villages in the area. These are Cheriton Bishop and Cheriton Cross, Chawleigh, Copplestone, Morchard Bishop, Newton St. Cyres, and Shobrooke. The preparation of plans for schemes in these villages has been sanctioned by the Council.

An adequate water supply and ~~an~~ adequate drainage systems are closely linked. One without the other will almost certainly give trouble.

SANITARY INSPECTION OF THE AREA:

During the year routine inspections of premises were made and, in addition, inspections in connection with complaints. Action was taken where necessary. It is generally found that owners, managers and others in charge of premises, are willing to co-operate and carry out improvements in one form or another if approached. A "friendly suggestion" from an Officer of the Council, is received and action is taken more willingly, than is an "Official instruction".

Premises inspected included - Dwelling Houses, Food

Premises, Bakehouses, Cowsheds and Dairies.

Informal Notices were issued where necessary and when these failed to achieve their object, Statutory Notices followed.

S.M. PERRIAM,

Surveyor and Sanitary Inspector.